## Procter & Gamble - I.P. Division

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# FACSIMILE TRANSMITTAL SHEET AND

#### CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

## TO: <u>Examiner Jacqueline Stephens - United States Patent and Trademark Office</u>

Fax No. (703) 746-3393

Phone No. (703) 308-8320

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on October 9, 2003, to the above-identified facsimile number.

FROM: <u>Donna M. Leidenheimer</u> (Typed or printed name of person signing Certificate)

Fax No. (513) 626-3004

Phone No. (513) 626-3280

Listed below are the item(s) being submitted with this Certificate of Transmission:\*\*

1) Response Transmittal and duplicate copy

2) Amendment After 1st Office Action

3)

4)

5)

Number of Pages Including this Page: 12

Inventor(s): Miyamoto, et al.

S.N.: 09/647,833

Filed: October 5, 2000

Case: AA307A

Comments:

"Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

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# IN THE UNITED STATES PATENT & TRADEMARK OFFICE RESPONSE/AMENDMENT

Case Docket No. AA307F

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COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Inventor(s): Miyamoto, et al.

Confirmation No. 4304

Serial No.: 09/647,833

Group Art Unit: 3761

Date Filed: October 5, 2000

Examiner: Jacqueline Stephens

Title: DISPOSABLE ABSORBENT ARTICLE HAVING REINFORCED EAR PANELS

1. [X] No additional fee is known to be required.

2. [] The fee has been calculated as shown below:

OTHER THAN A

	(Col. I)		(Col. 2) (Cal. 3)		SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	-	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	* 11	MINUS	** 20	= 0	x \$18 =	\$0.00
INDEP.	* 3	MINUS	*** 3	= 0	x \$86 =	\$0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$290 =	\$0.00	
					TOTAL	\$0.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

•• If the highest number of total claims previously paid for is less than 20, write \*20\* in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- 3. [] The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$ for a -month extension of time.
- 4. The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
  - a. [x] Any patent application processing fees under 37 CFR §1.16.
  - b. |x| Any patent application processing fees under 37 CFR §1.17.

The Commissioner is hereby authorized to make any additional copies of this sheet needed to
accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account

No. 16-2480.

Date: October 9, 2003

Anomey or Agent for Applicant(s)

Customer No. 27752

Registration No. 41,914

Krebs

(last revised 4/7/2003)

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